

Delivery of Transverse-Lie Twins in a 15 year old Syrian Mother

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In Syria, as in other traditional communities and given the present war situation, pregnant women give birth at home with the help of a local midwife. The policy of a “medical open border” between Israel and Syria [1] enables high risk Syrian pregnant women to deliver in a modern well-equipped medical center, which will improve the outcomes for both the mothers and their offspring.

PATIENT DESCRIPTION

A 15 year old Syrian teenager with a twin pregnancy and having labor contractions was taken to the border with Israel and arrangements were made with the Israel Defense Forces to transfer her to the Ziv Medical Center in Safed, Israel. This was her first pregnancy, and according to her last menstrual period she was 40.3 weeks pregnant. Her prenatal care was poor and she had not undergone any prenatal testing. It was known she was G6PD-deficient. The rest of her history was unremarkable.

Upon arrival at the hospital, monitoring was normal for both fetuses, but the uterine contractions were irregular. The cervix was dilated to 2.5 cm with 80% effacement. Ultrasound showed the lie was transverse for both fetuses. With the onset of labor, an emergent primary low segment cesarean section was performed via Pfannenstiel incision under spinal anesthesia. The first baby had a birth weight of 2644 g and Apgar 5 and 9, and the second baby's birth weight was 2145 g and Apgar 6 and 9. Both infants were girls.

Following the operation the mother did well. Bleeding was normal and the uterus was well contracted. She started breastfeeding. On postoperative day 5, arrangements were made for discharge with transport back to her family in Syria.

COMMENT

The decision to transfer this patient to Israel from Syria was made for both medical and humanitarian reasons. First,

she clearly needed an emergent cesarean section, given the abnormal lie of the fetuses. Due to her poor prenatal care, the exact status of the fetuses could not be determined locally. Also, with uncertain dating, these babies might actually be premature and would need intensive neonatal care to minimize morbidity and mortality. Facilities for emergent cesarean and intensive neonatal care were evidently not available in her community.

Transverse lie carries a high rate of both maternal and neonatal morbidity and even mortality in labor. Delivery should be carried out without delay in a hospital well equipped for a complicated cesarean delivery [2]. Attempting to deliver this woman in an out-of-hospital setting could end tragically for both the mother and the children. Another medical and humanitarian aspect of this case concerns the young age of the patient. Young maternal age increases the risk for adverse pregnancy outcomes and is a strong predictor for preterm delivery and low birth weight [3], as seen in the weight of the second twin in our case (16th percentile). Finally, this patient was sent alone to the border with no family support. There was no available information regarding the father of the baby or why he did not accompany her. Moreover, it is possible that she was abused or that her life was in danger, and she or her family feared for her and the babies and therefore decided she should not be delivered locally. These aspects of delivery in adolescents at risk are well known in our community and social workers are always involved. Unfortunately, no post-partum follow-up after discharge of the mother and infants was possible under the current circumstances.

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